

Date/time received: _____

For office use only

SPRING GARDEN TOWNSHIP SPECIAL EVENT PERMIT APPLICATION

Return to:

CHRISTINE HARTLE
Spring Garden Township
Recreation Director
340 Tri Hill Road
York, PA 17403

Phone: (717) 854-7282

This application must be fully completed, signed and forwarded to the Recreation Director at least **FOURTEEN (14) DAYS BEFORE** your event. See Chapter 400 of the Spring Garden Township Code of Ordinances and the Special Event Regulations ("the Regulations") (available on-line at the Township's website at www.springgardentwp.org or at the Township Administration Building. An exception is that permits for First Amendment activity as defined in Chapter 400 and the Regulations shall be evaluated no later than two (2) business days from the receipt of a completed application ***where such First Amendment Activity is intended to respond to current events and depends for its value on a timely response.***

Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit. Please type or print the information clearly and attach additional sheets or maps as required below. **ANY CHANGES TO THE APPLICATION ONCE IT IS SUBMITTED MUST BE DONE SO IN WRITING NO LATER THAN 10 CALENDAR DAYS PRIOR TO THE DATE OF THE PLANNED EVENT AND MUST BE APPROVED IN ACCORDANCE WITH CHAPTER 400 AND THE REGULATIONS PROMULGATED THEREUNDER. .**

Prior to returning this Application to the address listed above (you may return in person or mail), please attach a check or money order made out to "Spring Garden Township" in the amount of \$50.00, which is the application fee. **Additional fees may be applicable for cost recovery or other permits depending on your event. More information on fees, including the requirement to pay all fees due to Township prior to your event, can be found in the attached Regulations. Alternatively, you may qualify for a waiver of fees under the indigence exception. For more information on indigence, please see Chapter 400, Section 406 of the Township Code of Ordinances, Section VII of the Regulations and Attachment XI, (Indigence Waiver Form) of this Application.**

I. EVENT INFORMATION

1. Event Name _____
2. Event Type (circle all that apply) Parade Festival Run Walk Exhibition
Theater Block Party Race Ride
Dance Drama Musical Event
Other: _____
3. Event Date(s): _____ Day(s) of the week: _____
Race/Walk or Event Start Time : _____
4. Location of Event: _____
- 4a. Facilities to be used (circle all applicable): Park Street Sidewalk
5. Federal Tax ID#: _____
6. Set-up Times: Begin: _____ am/pm Dismantle: _____ am/pm
7. Estimated Crowd: _____ Number of Participants: _____

II. APPLICANT INFORMATION

8. Organization Name: _____
Applicant Name: _____
Title: _____
Address & Zip Code: _____
Email Address: _____
Phone Numbers: Home: _____ Office: _____
Cellular: _____ Fax: _____

9. Billing Name: _____
Address & Zip Code: _____

10. Event On-Site Contact Person: _____
Phone Numbers: Cellular: _____ Office: _____ Home: _____

III. LOCATION INFORMATION

11. Specific Location of Event: (Name/Address, Park or Facility)

12. If Parade, Race, Walk, Block Party or March – List route to be used, and/or streets to be closed. **Please Attach Map(s). A free website to use for maps is www.usatf.org/routes**

IV. EVENT HISTORY

13. Describe event to be held:

14. Recent Event History (if applicable):

<u>Date</u>	<u>Name of Event</u>	<u>Township/City (if not Spring Garden)</u>	<u>Attendance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. PUBLIC SAFETY REQUIREMENTS

NOTE: The Police Department/YAUFR may require certain public safety standards to be met by the event organizer.

All services for Police, Public Works, Fire Protection and Medical are at an additional cost and not included in the application fee of \$50.00. See Regulations for Full Description.

15. **Township Police:** If your event is taking place on roadways – Police are required
What services are requested from the Police? _____

Location(s) & Time(s) Police are requested:

15. A **Fire Police:**
Location(s) & Time(s) Fire Police are requested: _____

IF YOU ARE CLOSING OFF ANY STREETS FOR ANY REASON YOU ARE RESPONSIBLE, IN CONJUNCTION WITH AND UPON RECEIVING APPROVAL FROM THE CHIEF OF POLICE, FOR POSTING NO PARKING SIGNS ON ALL AFFECTED ROADWAYS

THESE SIGNS ARE REQUIRED TO BE POSTED ____ **HOURS PRIOR TO THE ROADS BEING CLOSED**

16. What are your security plans for the event? (Township Police and/or Private Security Firm)

17. **Emergency Medical Services:** _____ **Yes** _____ **No**
****EMS is required at (SPECIFY A TYPE(S) OF EVENTS). EMS is also required for any Walks/Runs with over 100 participants ****
What services are being requested?

18. Are you having fireworks? Yes _____ No _____

Are you setting up tents at your event? Yes _____ No _____
If Yes, what size are the tents? _____

VI. DEPARTMENT OF PUBLIC WORKS

19. **Department of Public Works: BARRICADES AND/OR FENCING & OTHER SERVICES**

Are you requesting to close any roadways? Yes _____ No _____

If Yes, please list location & numbers of barricades/fencing needed: (Attach barricade request sheet if needed)

Clean Up Plan: (Please list your clean up plans and if you are requesting services such as trash removal, etc.)

Are you providing recycling? Yes _____ No _____

If yes, please describe how you will provide recycling.

Are you requesting to hang any signs or banners? Yes _____ No _____

VII. ENTERTAINMENT

20. Sound System (circle one) Acoustic Amplified

Describe Entertainment: List of entertainers/bands to perform at event:

VI. MISCELLANEOUS INFORMATION

21. Restrooms:
Location of Restrooms you are using:

Port-A –Johns: Number you are ordering (There must be at least one handicap accessible restroom)
One (1) Port-a-John per 250 people is recommended

22. Parking: Describe parking areas available & transportation modes to & from the event

VIII. VENDING & SALES

23. Any Vending or Sales? Yes _____ No _____
Circle all that apply: Food Beverage T-Shirts/Hats Buttons
Books Balloons Other: _____
Beer/Liquor/Wine – Please consult Chapter 104 of the Code of Ordinances.

IX. COMMUNICATIONS & PROMOTIONS

24. Have local neighborhood groups/businesses approved your event concept? Yes _____ No _____
If no, what steps do you plan to take to notify them of your event?

Please list community contacts names & phone numbers (for verification) or attach approval letter:
Name: _____ Phone #: _____
Name: _____ Phone #: _____

25. What other agencies have you contacted? Have you received permits from these agencies for your event (if applicable)? Please circle applicable agencies and attach permit copies.
York County Commonwealth of Pa DCNR Penn Dot

27. Is there any other information you feel is important regarding your event?

XI. INSURANCE

Pursuant to Section _____ of the Regulations, due to the increased risk of personal injury and/or property damage under certain circumstances, insurance will be required under the following conditions:

1. All Athletic Competition Events (as defined in the Regulations).All Athletic Competition Events.
2. Any Special Event involving animal(s), fireworks, automobile(s) or other vehicle(s), including but not limited to watercraft, aircraft, or motorcycles, or the sale of food. Additionally, requests made by applicants to use the following Township equipment: sound equipment, showmobile, transstage, or transbleachers.
3. Where required, the Applicant or, if applicable, the Organization/Sponsor holding the event shall maintain insurance in the amount specified below to cover the entire duration of the Event. The Applicant shall attach hereto as Attachment __ a certificate of insurance duly executed by the officers or authorized representatives of a responsible and non-assessable insurance company, evidencing the following minimum coverage(s) and specifically identifying Spring Garden Township as an additional insured, which insurance shall be non-cancelable, except upon thirty (30) days prior written notice to Township:

	Individual Occurrence	Aggregate
General Liability		
Bodily injury, including death	\$ 500,000.00	\$1,000,000.00
Property damage	\$ 50,000.00	\$ 100,000.00

All policies must be made on an occurrence basis. Claims-made policies are not acceptable.

4. Liquor Liability. Where the Applicant, on behalf of any other persons, organizations, firms or corporations on whose behalf application is made, seeks to hold a Special Event involving the sale of alcoholic beverages and has otherwise been granted all necessary permits for such purpose, including but limited to permission pursuant to Chapter 104 of the Spring Garden Township Code of Ordinances, the Applicant shall maintain a policy or policies of Liquor Liability Protection with limits proscribed and approved by the Township Solicitor at the time of the Application. Such insurance shall be evidenced on the certificate of insurance provided to the Manager.

Is insurance required for this event? Yes:_____ No:_____

Indemnification statement:

Where insurance is required per Section VII of the Regulations, the Applicant on behalf of any himself/herself and/or other persons, organizations, firms or corporations on whose behalf the application is made, when filing a permit application shall represent, stipulate, contract and agree that they will jointly and severally indemnify and hold the Township harmless against liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the sponsor's activities authorized by the Special Event permit. In such circumstances, Attachment __ must be completed and attached to this Application.

Is this indemnification statement required for your event? Yes:_____ No:_____

XII. AFFIDAVIT OF APPLICANT

I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand, and agree to abide by the Township’s ordinances and regulations governing this proposed Special Event. I also agree to comply with all other local, state, and/or federal laws that are applicable to this Event.

I further certify that I understand that allowing non-permitted or unscheduled activities to occur during my event may result in increased costs to me and/or the Organization/Sponsor due to unanticipated operational expenses.

I further certify that I, on behalf of myself and/or the Organization/Sponsor (for which I have submitted a letter indicating I am authorized to act on his/her/its behalf), agree to be financially responsible for paying any costs and fees to Spring Garden Township that are incurred by the Township or on behalf of the event subject to the provisions of Chapter 400of the Spring Garden Township Code of Ordinances and the regulations promulgated thereunder.

If I cancel my event, I will notify the Township as early as possible so as to cut down on any cost recovery. I understand that I will be charged for Township services provided in advance of the event up through the time of notification.

SIGNATURE OF APPLICANT

DATE

(PRINT NAME: _____)

* This Application MUST be signed prior to submission or it will not be considered completed.

**XII. Indemnification statement
Please turn in with application if applicable.**

The undersigned represents, stipulates, contracts and agrees that the sponsor of the event permitted pursuant to this Application will jointly and severally indemnify and hold the Township harmless against liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the sponsor’s activities authorized by the Special Event permit.

Applicant as authorized representative/agent
for the sponsor/organization of the
Event.

Date:

OFFICE USE ONLY

A \$_____ fee is due with application.
(Basic permit fee plus charges)

MAKE CHECK PAYABLE TO:
SPRING GARDEN TOWNSHIP

PERMIT APPROVAL/SIGNATURE: _____ DATE: _____

Application processed by:

Date form processed and approved:

Fee Paid: Cash Amount: _____ or Check amount: _____ Check Number: _____

***Please keep your permit with you the day of the above event.**

XI. SUMMARY OF TOWNSHIP SERVICES REQUESTED

<u>TOWNSHIP ENTITY</u>	<u>SERVICES REQUESTED</u>		<u>MGT INITIALS</u>	<u>FEE</u>
POLICE	YES _____	NO _____	_____	_____
FIRE POLICE	YES _____	NO _____	_____	_____
FIRE	YES _____	NO _____	_____	_____
EMS	YES _____	NO _____	_____	_____
PUBLIC WORKS	YES _____	NO _____	_____	_____
PARKS	YES _____	NO _____	_____	_____

***ALL FEES ARE DUE PRIOR TO EVENT, IN ORDER TO OBTAIN A COPY OF THE EVENT FORM.**